## FEDERAL JUDICIAL BRANCH APPLICATION FOR EMPLOYMENT

If you need additional space, continue under "Remarks" listing item number

1. Name (Last, First, Middle Initial)	2. Phone Number							
3. Present Address (Street, City, State, Zip)								
4. Email Address								
5. Other Names Previously Used for Employment Purposes					6. Date of Birth (complete only for law enforcement positions)			
7. Are you a U.S. Citizen?		YES		ERAL NO	If no, give the Country of your citizenship			
8. a. Were you ever a federal civilian employee?	□	YES	□	NO	If yes, give highest civilian grade:  Pay Plan Grade Step			
b. Are you receiving a federal civilian annuity payment?		YES		NO				
c. Are you receiving federal severance pay?	□	YES	σ	NO	If yes, give former agency contact/telephone:			
d. Have you received a federal separation incentive payment in the past 5 years?	□	YES	σ	NO	If yes, state mo/yr received and former agency contact/telephone:			
9. Do you have any relatives who are Judges, Officers or		YES		NO	If yes, give their names, positions, and relationships to you.			
employees of the United States Courts?								
10. Have you ever served on active duty with the military?	▢	YES	□	NO	(If selected, you will need to provide your DD-214 (copy 4), Certificate of Release or Discharge from Active Duty, so that your service may be verified and credited)			
В	ACI	KGROU	JND	INFO	PRMATION			
violation of law committed before your 16th birthday, (3) any violatio	n of 1	aw comn	nitted	before	nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any your 18 <sup>th</sup> birthday if finally decided in juvenile court or under a Youth Offender and (5) any conviction for which the record was expunged under Federal or state			
11. During the last 10 years, have you been convicted, imprisoned, on probation, or on parole? (Include felonies, firearms or explosives violations, misdemeanors, and all other offenses)	□	YES		NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.			
12. Have you been convicted by a military court-martial in the past 10 years?		YES		NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of military authority or court.			
13. Are you now under charges for any violation of law?	□	YES		NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.			
14. During the last 10 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency?		YES		NO	If yes, provide in Section 19 the date, explanation of problem, reason for leaving, and employer's name/address.			
15. Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans (e.g., student loan, home mortgage loan)).	□	YES	٥	NO	If yes, provide in Section 19 the type, length, and amount of delinquency/default, and steps being taken to correct the error/repay the debt.			
		EII	OUC	ATIO	N			
16. a. Do you have a high school diploma or G.E.D. equivalent?	□	YES		NO	If yes, Date of Completion			

	1		+			i	+	
b. Name and location of colleges or universities	Do	tes Attended		Credit I	Hours	Dagrag	Date Received	Grade Point
attended (including law schools)	Da	ites Attended	Qı	uarter	Semester	Degree	Date Received	Average and/or scholastic standing
								<del>-</del>
16. c. Other schools or training attended (list name/location of schools)	ol da	tes attended s	uhiect	studied o	eertificates r	eceived and o	other pertinent data):	
10. C. Other schools of training attended (usi name/tocation of school	oi, aai	es anenaca, si	ubjeci :	лишей, с	ernjieures ri	eccivea, ana o	mer perimeni adia).	
JOB RELATED SK								
17. List any skills (e.g., language, computer, keyboarding speed), ho	nors,	awards, or spe	cial acc	complish	ments (e.g.,	memberships	in professional/honor	societies, leadership
activities, performance awards) that you believe are relevant to your	авину	to periorm in	e job:					
APP	LICA	ANTS FOR	LEGA	L POS	ITIONS			
18. a. Are you admitted to the Bar?		YES 🗖	NO	If yes, 1	ist the Bar(s	) to which adr	nitted and date(s) of a	dmission. If no, skip to
				18b.				
Is your Bar membership		ACTIVE		INACT	IVE			
b. What was your scholastic standing in law school?		UPPER ½		UPPER		UPPER 1/4		
c. Were you a member of an editorial board of law review or a			No		_			
		ILS _	110					
moot court participant?	C		C	7	1	1 1 •	7 : 7)	
19. REMARKS (Use this space	for c	ontinuation (	of ansv	vers. Li	ist the item	number beu	ng explained.)	

## WORK EXPERIENCE

(Start with your present position and work back 10 years. Include any military service. Use additional page if necessary.)

Number of hours

Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From: To:		
Salary or Earnings	Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$ Per		City
Final \$ Per		State
Name and Address of Employer (firm, organization, etc.)	I	Name and Title of Immediate Supervisor
Business Telephone: (Area Code and Phone Number)		
Reason for Leaving		
Description of Work		
В		
Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From: To:	, , , , , , , , , , , , , , , , , , ,	
Salary or Earnings	Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$ Per		City
Final \$ Per		State
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor
Business Telephone: (Area Code and Phone Number)		
Reason for Leaving		
Description of Work		

C		
Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
From: To:		
Salary or Earnings	Pay Plan/Grade (If in federal Service)	Place of Employment
Starting \$ Per		City
Final \$ Per		State
Name and Address of Employer (firm, organization, etc.)		Name and Title of Immediate Supervisor
Business Telephone: (Area Code and Phone Number)		
Reason for Leaving		
Description of Work		
D		
D  Dates of Employment (mm/dd/yyyy)	Number of hours worked per week:	Exact Title of Your Position
		Exact Title of Your Position
Dates of Employment (mm/dd/yyyy)		Exact Title of Your Position  Place of Employment
Dates of Employment (mm/dd/yyyy)  From: To:	worked per week: Pay Plan/Grade	
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings	worked per week: Pay Plan/Grade	Place of Employment
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings  Starting \$ Per	worked per week: Pay Plan/Grade	Place of Employment  City
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings  Starting \$ Per Per Per	worked per week: Pay Plan/Grade	Place of Employment  City  State
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings  Starting \$ Per Per Per	worked per week: Pay Plan/Grade	Place of Employment  City  State
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings  Starting \$ Per Final \$ Per  Name and Address of Employer (firm, organization, etc.)	worked per week: Pay Plan/Grade	Place of Employment  City  State
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings  Starting \$ Per	worked per week: Pay Plan/Grade	Place of Employment  City  State
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings  Starting \$ Per Final \$ Per  Name and Address of Employer (firm, organization, etc.)  Business Telephone: (Area Code and Phone Number)  Reason for Leaving	worked per week: Pay Plan/Grade	Place of Employment  City  State
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings  Starting \$ Per Final \$ Per  Name and Address of Employer (firm, organization, etc.)  Business Telephone: (Area Code and Phone Number)  Reason for Leaving	worked per week: Pay Plan/Grade	Place of Employment  City  State
Dates of Employment (mm/dd/yyyy)  From: To:  Salary or Earnings  Starting \$ Per Final \$ Per  Name and Address of Employer (firm, organization, etc.)  Business Telephone: (Area Code and Phone Number)  Reason for Leaving	worked per week: Pay Plan/Grade	Place of Employment  City  State

## District of Kansas Supplemental Application Form

Name:			Date:				
Position for which you are applying:_							
Duty station(s) would you be willing t	o work at:	Kansas City, KS	Topeka	Wichita			
Can you travel if a job requires it?	Never	Occasionally	Often				
Salary requirements:							
How did you hear about this job:							
List any foreign language skills and ide							
Check all applicable skills:							
Typing, WPM	Transcription	า	Legal Documentation				
CM/ECF	MS Office		Lotus Notes				
Other Software:							
As a condition of employment, all em record. This background screening readditionally, appointment or promotinot limited to credit history, interview reference check. Law Enforcement Of screening. Do you have any concerns	quires fingerpri on to some pos vs with friends a ficer positions a	nt submission to the sitions may require and family of the er also require a medic	e Federal Bureau of Inventional investigation on apployee, and an employeal evaluation and drug	estigations. s, including but rment history and			

The Code of Conduct for Judicial Employees requires that all employees uphold the integrity and independence of the Judiciary. This includes but is not limited to avoiding impropriety and the appearance of impropriety in all activities, adhering to appropriate standards in performing duties of the office, engaging in certain behaviors inside and outside of the workplace and refraining from certain political activity. You may request a copy of the Code from Human Resources if you'd like. Do you have any concerns about your ability to adhere to the Code?

\_\_\_\_\_

## APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good
faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work,
and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE	DATE SIGNED	
_	•	